



Improving access to essential care through Integrated Supportive Supervision in Katsina State

Northern Nigeria has one of the highest maternal mortality ratios in the world – approximately 1,000 women die per 100,000 live births (i.e. 1%).

This further echoed what a report released by International Federation of Midwives titled “*The State of the World’s Midwifery 2011: Delivering Health, Saving Lives,*” revealed – that each year, 358, 000 women die while pregnant or giving birth, some 2 million newborns die within the first 24 hours of life and there are 2.6 million still births, all because of inadequate or insufficient health care!

Apart from inadequate equipment, the caregiver’s poor attitude is one among many problems identified as impeding efforts towards downsizing incidences of maternal and infant mortality in Katsina State.

Pregnant women have cited a variety of abusive behaviors at health facilities as reasons for choosing the more perilous route of home birth. In other cases recorded, female providers may not be available when wanted.

But there is good news!

Partnership for Reviving Routine Immunization in Northern Nigeria-Maternal Newborn and Child Health Initiative (PRINN-MNCH), a consortium of stakeholders supported by DFID is changing the behavior of both health officials (caregivers) and patients (clients) with the help of a measurable and available method in the state—Integrated Supportive Supervision (ISS).

ISS is a program with specific responsibilities and timing. The ISS team supervises hospitals and PHC facilities. While a trained facility team

supervises and supports their assigned facility units.

ISS is two pronged - enhancing data management to create demand, and providing caregivers and stakeholders with details of need to facilitate their informed approach to addressing those needs.

Each ISS activity seeks answers to the following questions and even more;

- Are tracer and essential drugs currently in stock at the facility?
- What is the number of children fully immunized?
- What is the number of women that receive Family Planning Services?
- What is the number and frequency of antenatal visits?
- What number of infant or maternal deaths is recorded at a particular facility, and their possible causes?
- What is the total OPD attendance at the facility?
- Are there protocols for managing emergency conditions (e.g. convulsions, shock or acute abdomen)?
- Is punctuality and absenteeism of staff at the facility adequately monitored?

Through regular visits of the ISS team to the health facilities in communities across Katsina



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state, service is improved and patronage by clients soared.

The innovative integrated supervision has an important element of soliciting and getting feedback of progress made and challenges identified which allow for an informed remediation of the problems and equitable future plans. The feedback process consists of the following activities:

- Feedback at the facility level
- Feedback at community level and
- Feedback to quarterly performance review

Yankara Health Facility in Faskari Local Government Area is a sure example of how effective this method of supervised support is.

ISS activity was introduced in the facility in the last quarter of 2010, when the facility managers were confronted with a series of operational problems with little knowledge on how to address them. ISS brought out the issues systematically and proffered a means of tackling them effectively. By August 2011, the facility is up, running and receiving large numbers of pregnant women coming for ANC and children taken for routine immunization.

Although there are still some challenges, Malam Abba, a community leader and chairman of the Farskari-Yankara health facility committee, said he does see a hopeful sign that staff attitudes are changing and clients are becoming more and more aware of the importance of routine immunization, ante natal and post natal care.

Information generated from the ISS activity is now being used in policy and practice.

According to a UN Report, 38 of 58 countries surveyed might not meet their target to achieve 95 percent coverage of births by skilled attendants by 2015, as required by Millennium Development Goal (MDG) 5 on maternal health,

unless an additional 120, 000 midwives are trained, deployed and retained in supportive environments.

The new report also indicates that upgrading midwifery services could save more than 3.6 million lives each year by 2015 in the 58 developing countries surveyed.

The introduction of ISS in Katsina is timely as it holds the promise of fast-tracking the process of attaining the MDG goals.

“We hardly experience birth-related complications in our community because most pregnant women attend antenatal checks and give birth in hospital as those who don’t are considered old-fashioned and their husbands derided by other members of the community. This is all as a result of the sustained campaign we benefited from,” Abdulkarim of Rogogon Gabas community of Katsina State, said.

Rogogon Gabas is another community whose facility and community benefits from the ISS scheme.

To ensure uniformity and ease of comparison of service improvement trends, the ISS exercise is been carried out consistently in the same facilities over time.

Increased community engagement that comes as a result of ISS has resulted in

- Increased demand for R.I.
- Increased participation in facility management committees
- Increased attendance
- improved team spirit due the staff going for supervision in teams



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- Reduced resistance of LGA deployed staff through their involvement in ISS and other activities

“before the introduction of ISS, we usually record very low turnout on ANC and PNC, as low as 5 to 7 pregnant women usually showed up for ANC, but today things have changed for the better,” Malam Balaraba Ibrahim, a caregiver at Yankara facility confessed.

The data below revealed success recorded at Yankara Facility in 2011.

Month	Antenatal Care Visits			Delivery at the facility	Post Natal Visits		
	New	2 nd visit	Total		New	2 nd visit	Total
January	50	77	127	25	32	20	52
February	39	24	63	29	15	15	30
March	46	20	66	26	10	9	19
April	46	20	66	21	12	9	21
May	89	132	224	-	16	10	26
June	87	137	224	51	20	14	34
July	113	111	224	42	28	7	35